



Eastern Shoshone Education Program Financial Need Analysis (FNA)

If you have not yet completed a FASFA (Free Application for Federal Student Aid) form, Please do so as soon as possible. FASFA is required to complete your Financial Needs Analysis by your institution.

STUDENT ONLY

TERMS(S) APPLYING FOR (Please Circle One): 20__-20__ Academic Year or 20__ Fall/Autumn/Spring/Winter/Summer Semester Quarter

STUDENT NAME: _____ Phone#: _____

MAILING ADDRESS: (City/State/Zip): _____

SOCIAL SECURITY #- _____ STUDENT ID#- _____

I hereby fully authorize and allow the financial aid office to release my financial aid and any other relevant information to the E.S Education Program. Please send my completed FNA form to the E.S Education Program Dept.

Freshman Sophomore Junior
 Senior Graduate Level

Signature Date

Status: Single Married Divorced Number of Dependents: _____

Please send FNA form to the Financial Aid Office at your College you plan to attend.

The Financial Aid Officer shall do the following (please do not use estimates):

1. Complete each line item under Expenses and Resources.
2. Consider all financial aid, fellowships & special award programs for which the applicant qualifies.
3. FNA must be complete and received by the E.S Education Program by the following deadlines of every year:

Academic Year/Fall by June 15,20__ Spring/Winter by Nov. 15,20__ Spring Quarter by Feb. 15,20__ Summer by April 15,20__

EXPENSES:

Tuition/Fees _____
Room/Board _____
Books/Supplies _____
Travel _____
Other _____

Resources:

Expected Family Contribution: _____
Student/Spouse Contribution _____ PELL _____
Parent Contribution _____ SEOG _____
Veteran Benefits _____ SSIG _____
Tuition Waiver _____ CWS _____
Parent PLUS/UNSUB.Loan _____

Other LOANS (Specify) _____

Other Scholarships (Specify) _____

TOTAL EXPENSES

TOTAL RESOURCES

Recommended Need:
(Expenses minus Resources)

Financial Assistance request will cover expenses FROM: _____ TO _____
Month/Year Month/Year

Institution Name _____ Name of Financial Aid Officer _____ Date _____

Institution Address _____

Email Address _____ Signature FAO _____

Phone Number _____

Fax Number _____

- Undergraduate student is Full-Time at _____ Credit Hours Undergraduate student is Part-Time at _____ Credit Hours
- Graduate student is Full-Time at _____ Credit Hours Graduate student is Part-Time with _____ Credit Hours
- Student suspended from campus-based aid failure to maintain satisfactory progress Student is in default status on Federal Student Loans or other Student Aid
- Other (Please specify) _____

Please fax form to E. Shoshone Education
or email to: higher.ed@easternshoshone.org

Fax Number: 307-335-8004 **Phone Number:** 307-335-8000

TO BE COMPLETED BY FINANCIAL AID OFFICE